

**United States Bankruptcy Court, Western District of Texas**

**ELECTRONIC CASE FILING SYSTEM  
ATTORNEY REGISTRATION FORM**

I request that the U.S. Bankruptcy Court, Western District of Texas, issue me a login and password so that I can use the Court's Electronic Case Filing System (CM/ECF). I understand that the use of my login and password serves as and constitutes my signature. I agree to protect and secure my password and I will immediately notify the court if I have any reason to suspect that my password has been compromised in any way. I further agree to abide by all of the rules and regulations in the Administrative Procedures for Filing, Signing, and Verifying Pleadings and Papers by Electronic Means currently in effect, and any changes or additions that may be made to these procedures in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*You can type directly on this PDF form. Otherwise, please print clearly.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Voice Phone Number: (\_\_\_\_\_) \_\_\_\_\_ FAX Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Bar ID # and State: \_\_\_\_\_

E-Mail Address (required): \_\_\_\_\_

Other E-Mail Address(s): \_\_\_\_\_

Are you filing electronically in other bankruptcy districts?                      yes                      no

If so, which one(s)? \_\_\_\_\_

Are you a BNC EDI Partner                      yes                      no

When completed, mail original to:

ECF Registration Desk  
United States Bankruptcy Court  
903 San Jacinto, Suite 322  
Austin, TX 78701